## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000028637 (5

BNJEWOOD FI. 94224  2.   Principal Prices of Instances 2.   A Multing Address 3.   Continue of Instances 3.   Continue of Instanc		MENT # P93000 STERS OF SOUTH WEST				
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2. Mailing Address   2. Mailing Address   3. Mailing Address   4. FER Number   Applied For   Applied For   Most Application   St. 14, etc.   5. St. 14, etc.						
City & State  Country  Added to Feel  Country  S. Name and Address of Current Registered Agent  10, Name and Address of New Registered Agent  11, Name and Address of New Registered Agent  CHAPDELAINE, GERALD M  7467 CLAYPOOL ST.  ENGLEWOOD FL 34224  63   Street Address (P.O. Box Number is Not Acceptable)  64   City  City City City City City City City City	2. Principal P 21	lace of Business	<del></del>		4. FEI Number	
City & State	Suite, Apt.	#, Otc.	<u>├</u> ──┐		5. Certificate of Status Desired	
Country   Zip   Country   Zip   Country   State   Country   Zip   So   So   So   So   So   So   So   S	City & State	е	<del></del>		, -	
S. Name and Address of Current Registered Agent CHAPDELANE, GERALD M 1467 CLAYPOOL ST. ENGLEWOOD FL 34224  15. Pursuant to the provisions of Sections 607 0507 and 607 1508, Florida Statutes. the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida Such change was authorized by the occeptation's board of directors. I hereby accept the appointment as registered office or registered agent, or both in the State of Florida Such change was authorized by the occeptation's board of directors. I hereby accept the appointment as registered office or registered agent		<u></u>	Zip	<b></b>	8. This corporation has liability for	intangible tax under s. 199.032,
TAPPOLIST.  ENGLEWOOD FL 34224  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Soctions 607,0502 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent the monthly with a red cacept the redigination of, Socion 607,950s, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. INTEL  1		9. Name and Address of Curre			10. Name and Address of New R	egistered Agent
11. President to the provisions of Sections 607 0502 and 607 1508, First as Statutes, the above-handed corporation's this statement for the purpose of changing its registered agric to arrogstered agent. I am familiar with and accept the obligations of, Socion 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. CHAPDELAINE, GERALD M  17. TARK CLAYPOOL ST.  15. SIRREL ADDRESS  16. CHAPDELAINE, RITA D  17. STARE  17. STARE  17. STARE ADDRESS  17. STARE	7467	CLAYPOOL ST.		82 Street Add	ress (P.O. Box Number is Not Accepte	as 7in Code
NOTE   Programmed Agent under interface of temps and place tagget called agent under und		to the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was gations of, Section 607.0505, Fl	les, the above-named corp authorized by the corporatorida Statutes.	poration submits this statement for the tion's board of directors. I hereby acce	
DELETE   T.1 TITLE   Change   Addition   TABLE   T.2 TITLE   T.2 TITLE   T.3	SIGNATORE			E: Registered Agent signature requi	<del></del>	
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THE CHAPDELAINE, RITA D						,
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STREET ADDRESS  CITY ST - ZIF  14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that	1					and oriented hand researched)
City-St-ZiF  14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that						
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that						
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name	informatio	in indicated on this annual report or	supplemental annual report is:	fy for the exemption stated true and accurate and that	t my signature shall have the same leg	al effect as if made under cath: that

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97 941-474-0889

**FILED** 

Apr 15 1997 8:00am

Secretary of State